



IDAHO DEPARTMENT  
HEALTH & WELFARE

COPY

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

February 24, 2010

Joyce Stroud  
123 South Olive Street  
Nampa, ID 83686

Dear Ms. Stroud:

We have received your complaint regarding Intermountain Hospital.

We will schedule an unannounced visit to the facility to conduct an investigation as soon as possible. Upon completion of our investigation, we will notify you of our findings.

Sincerely,

SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

SC/mlw



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FAX 208-364-1888

February 24, 2010

Paul Grosdidier  
P.O. Box 8773  
Boise, ID 83707

Dear Mr. Grosdidier:

We have received your complaint regarding Intermountain Hospital.

We will schedule an unannounced visit to the facility to conduct an investigation as soon as possible. Upon completion of our investigation, we will notify you of our findings.

Sincerely,

SYLVIA CRESWELL  
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March 4, 2010

Richard Bangert  
Intermountain Hospital  
303 North Allumbaugh Street  
Boise, ID 83704

Provider #134002

Dear Mr. Bangert:

On **March 1, 2010**, a complaint survey was conducted at Intermountain Hospital. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00004535**

**Allegation:** The hospital staff did not attend to medical/health care concerns.

**Findings:** An unannounced survey was made to the hospital, entering on 2/23/10 and exiting on 3/01/10. During the complaint investigation, surveyors reviewed 10 patient records, reviewed policies and procedures, and interviewed patients and staff.

Eight records documented responsiveness to health care/medical concerns identified during the hospitalization. For example, one record documented attentiveness to concerns of a 43 year old female admitted on 2/19/10 who was a current patient at the time of the survey. Review of the patient's record indicated staff had evaluated and instituted plans to monitor or attend to multiple identified symptoms or concerns, including headache, back pain, vaginal bleeding, dizziness, dry skin, sodium imbalance, reflux, constipation, and thyroid issues.

However, two records documented a failure to adequately address/attend to medical/health care concerns. A summary of these two records follow:

One patient was delayed in receiving medication she needed to treat a thyroid condition. The hospital was cited at CFR at CFR 482.21(a) Tag A 0267 and at State Tag BB124 for failure to report the missed dose of medication, which would have allowed the hospital to evaluate the reason for the missed dose and possibly institute preventive measures.

The initial evaluation of another patient indicated a plan to lance the patient's infected finger. However, this was not done. Additionally, the hospital failed to document evidence that the infection had been properly attended to and monitored for signs and symptoms of infection during the hospitalization. The hospital was also cited at CFR 482.23(b)(3) for failure to supervise and evaluate the nursing care for each patient.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

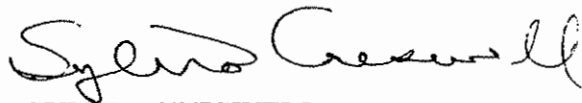
Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,



TERESA HAMBLIN  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

TH/mlw



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Boise, ID 83707

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Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Even though incidents or events may have occurred as you described them, it is not always possible to find evidence that corroborate or substantiates each allegation in the complaint. When the allegation is referred to as unsubstantiated, it means that noncompliance with a regulation could not be proven. It does not mean that an incident did not occur or that a family member/visitor did not witness a problem. It means that an allegation could not be confirmed through the investigation process or the facility took corrective measures prior to the investigation.

Based on the findings of the investigation, the facility was required to submit a Plan of Correction in writing to this office. In their Plan of Correction, they stated the actions taken to correct each deficiency and a date it would be completed. A copy of the report may be at [www.facilitystandards.idaho.gov](http://www.facilitystandards.idaho.gov). Please allow a minimum of 60 days after survey exit for posting. The Department will continue to monitor the progress of the facility.

Thank you for bringing these concerns to our attention. If you have any questions or if we can assist you further, please do not hesitate to contact this office at (208) 334-6626.

Sincerely,



TERESA HAMBLIN  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

TH/mlw